

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | 1/16/70  | C/19/70 |
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| 12    |       |          |         |
| 13    |       | N        |         |
| 14    | ✓     |          |         |
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| 23    |       |          |         |
| 24    | ✓     |          |         |
| 25    | N     |          |         |
| 26    |       |          |         |
| 27    | N     |          |         |
| 28    | ✓     |          |         |
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| 35    |       |          |         |
| 36    | ✓     |          |         |
| 37    | N     |          |         |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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